

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09763523	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER		AFTER		IND.	DEP.
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT		
1					51	
2					52	
3					53	
4					54	
5					55	
6					56	
7					57	
8					58	
9					59	
10					60	
11					61	
12					62	
13					63	
14					64	
15	a				65	
16	a				66	
17	a				67	
18	a				68	
19					69	
20					70	
21					71	
22					72	
23					73	
24					74	
25					75	
26					76	
27					77	
28					78	
29					79	
30					80	
31					81	
32					82	
33					83	
34					84	
35					85	
36					86	
37					87	
38					88	
39					89	
40					90	
41					91	
42					92	
43					93	
44					94	
45					95	
46					96	
47					97	
48					98	
49					99	
50					100	
TOTAL IND.	2				TOTAL IND.	
TOTAL DEP.	8				TOTAL DEP.	
TOTAL CLAIMS	10				TOTAL CLAIMS	